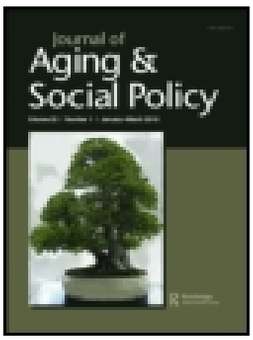

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# Governance, Accountability, and Organizational Development: Eldercare Unit Managers' and Local Politicians' Experiences of and Responses to State Supervision of Swedish Eldercare

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**ABSTRACT**

This article explores how local politicians and care unit managers in Swedish eldercare experience and respond to state supervision (SSV). Twelve politicians and twelve managers in 15 previously inspected municipalities were interviewed about their experiences of and reactions to SSV in relation to their views of care quality and routines in eldercare practice. The findings indicate that local managers and political chairs perceived SSV in eldercare positively at a superficial level but were critical of and disappointed with specific aspects of it. In terms of (a) *governance*, chairs and managers said SSV strengthened implementation of national policies via local actors, but they were critical of SSV's narrow focus on control and flaws in eldercare practice. With regard to (b) *accountability*, SSV was seen as limited to accountability for finances and systemic performance, and regarding (c) *organizational development*, SSV was seen as limited to improving routines and compliance with legislation, while local definitions of quality are broader than that. In general, local actors regarded SSV as improving administrative aspects and routines in practice but ignoring the relational content of eldercare quality.

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**KEYWORDS**
State supervision; Sweden; eldercare governance; care quality; accountability

## Background and aim

The health and social care of the elderly is a policy priority and a major area of state and local government expenditure in most welfare states. In recent decades, the area has been strongly affected by economic, ideological, and organizational changes, not least due to population ageing. Swedish eldercare is conducted in increasingly downsized organizations (Bengtsson, 2010; Szebehely, 2011; Szebehely & Trydegård, 2012) incorporating progressively more market elements and private providers alongside public providers (Meagher & Szebehely, 2013; Stolt, Blomqvist, & Winblad, 2011).

State supervision (SSV) of Swedish eldercare has recently been strengthened to ensure better compliance with laws and regulations. Two state

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commissions investigated the potential to enact a standardized, strengthened, and systematic SSV model for social work in general (SOU, 2004; p. 100, 2007; p. 82). Supervision was strengthened in response to exposures of inhumane care and unequal distribution of eldercare with the aim of ameliorating unhealthy conditions and creating trust in eldercare. Recurrent monitoring of compliance by means of laws and regulations is expected to ensure equal distribution of safe, high-quality eldercare (Socialstyrelsen, 2011), and there are expectations that SSV can ensure and improve quality in both public and private eldercare services (Blomgren & Waks, 2011; Ek, 2012; Johansson, 2011; Lindgren, 2016; Lindgren, 2012). Increased state regulation and control to improve quality in welfare services reflect an international trend (Furness, 2009; Hood, 2012; Power, 2003). However, the issue of whether SSV is an effective way to improve quality in eldercare is debated (Beddoe, 2012; Cooper, 2006). Critics warn that external supervision can negatively affect professions in that it creates mistrust and lowers the level of confidence (Beddoe, 2012; Cooper, 2006).

Research into how SSV operates in practice and how it is conceived and reacted to by the supervisees is scarce. Research into SSV and inspection exists (Nygren & Hanberger, 2011; Hämberg, 2013; Hood, Oliver, Scott, & Travers, 1999; Johansson, 2006, 2010; May & Wood, 2003; Power, 1997, 2003), but research from the eldercare field specifically is rare (Braithwaite, Makkai, & Braithwaite, 2007; Ek, 2012; Furness, 2009).

This article uses concepts and knowledge from supervision, evaluation, and eldercare research to explore how SSV operates at the local level of governance. It explores how local politicians, the chairs of the social welfare committees, and care unit managers for residential homes and home care services—key actors targeted by SSV—experience and respond to SSV. The local politicians are part of the welfare committee in the municipality and the committee chair is responsible for responding to the state, while the care unit managers are responsible for the overall care practice in the municipality. An assumption is that if Swedish eldercare is to achieve its overall objectives, SSV needs to function well in supporting governance, accountability, and eldercare development. The article seeks answers to two research questions: (1) How do two key actors in eldercare perceive, receive, and manage SSV? (2) Does SSV contribute to supporting governance, accountability, and eldercare development? If so, in what way?

## Swedish eldercare and SSV

### *Swedish eldercare*

Swedish eldercare is a public responsibility shared among the state, county councils, municipalities, and care providers, and it is financed mainly by tax revenue (cf. Meagher & Szebehely, 2013). Central government eldercare

responsibilities are mainly in the areas of national standards, legislation, subsidies, and supervision. Relevant legislation, i.e., the Social Services Act, underscores that influence, participation, integrity, and high quality must be considered regardless of whether care provision is private or public. Sweden's 20 county councils are responsible for providing advanced medical and geriatric care for those in need. Public eldercare is mainly provided to citizens with care needs aged 65 years or older by each of Sweden's 290 municipalities. A care manager who assesses the elderly citizen's individual needs decides on and approves the person's need for eldercare in the form of either home care services or residential care on application from the elderly person.

### *Swedish SSV*

Swedish eldercare is supervised and monitored through central agencies to ensure elderly citizens' safety and access to high-quality care. The National Board of Health and Welfare (NBHW) was responsible for SSV of eldercare in the 2010–2013 period, which is the time of the SSV system explored here. NBHW's supervision included desktop supervision, preannounced inspections, and unannounced inspections of residential eldercare homes and home care services. SSV was guided by a supervision policy, special government assignments for issue-focussed supervision, and laws and regulations for eldercare. After supervisions were performed, decisions were made stating insufficiencies and improvement actions if needed. The SSV system also included follow-up on the implementation of supervision decisions. A yearly summary report was compiled for all supervisions, consisting of conclusions regarding the state of eldercare and recommendations for action. Recent reports emphasized various topics, such as "cooperation," "documentation," "staff competence," "content of care," "homes for elderly suffering from dementia," "patient safety system, "participation of the elderly in care," and "follow-up on implementation of determined care" (Socialstyrelsen, 2012, pp. 11–13). In June 2013, responsibility for SSV was taken over by the Health and Social Care Inspectorate (IVO), another state agency. However, the core of the supervision model was the same before and after 2013.

## Theory and concepts

### *SSV and local responses*

Whether SSV is an effective way to eliminate unhealthy conditions and improve eldercare quality is debated in the research community (Beddoe, 2012; Cooper, 2006). SSV is conceived as an intervention in organizations staffed by highly competent professionals who have the discretion and responsibility needed to deal with multifaceted social problems (Beddoe, 2010; Green, 2007). In the

supervised organizations, clinical or peer supervision is generally in place to support the professions and sustain reflective practices (Bradley & Höjer, 2009). Many studies of peer supervision of social work and nursing indicate that, in contrast to SSV, clinical and peer supervision can have positive effects on care quality if certain conditions are met (Beddoe, 2012; Bradley & Höjer, 2009; Fish & Twinn, 1997; O'Donoghue & Tsui, 2015).

The two state commissions mentioned above did not, however, consider peer supervision sufficient for ensuring quality in eldercare, claiming that public and private eldercare also needed to be subjected to recurrent national monitoring and control (SOU, 2004; p. 100, 2007; p. 82; Socialstyrelsen, 2011). The commissions had high expectations of state control as a way to ensure quality; professionals, however, tended to have lower expectations of state control and sometimes expressed resistance to it. This reflects a conflict between (a) external control and democratic accountability for performance and (b) internal control and trust in professionals (Beddoe, 2012; Behn, 2001; Bouckaert & Halligan, 2006; Power, 1997, 2003).

How those who are supervised respond and act when they receive evaluations has been examined in studies of adaptation to regulatory goals and means (Braithwaite et al., 2007), counter-strategies (Hanberger, Khakee, Nygren, & Segerholm, 2005), and response systems (Nygren & Hanberger, 2011). Whether evaluation and supervision contribute to new insights into problems and their management in eldercare practice has received less attention. We address this deficiency by analyzing how local politicians and care unit managers in municipal eldercare respond to and experience SSV and how SSV contributes to governance, accountability, and eldercare development.

## Key concepts

*Governance* refers to the new, emerging institutions for collective action that have evolved from traditional forms of government, including negotiated interaction among a range of actors and institutions (Klijn, 2008). When local governments, eldercare service providers, and eldercare organizations shape local eldercare policy, this exemplifies governance in eldercare. Traditional forms of governing exist in parallel with new forms of governance and are included in the concept.

*Accountability* has traditionally referred to external scrutiny and accounting (Mulgan, 2000). However, its meaning has expanded and the term now has more connotations, being linked to additional concepts such as trust and fairness (Hanberger, 2009; Behn, 2001). Besides various forms of vertical accountability (e.g., the state holding local governments and service providers to account for implementing state policies), officials and street-level bureaucrats (e.g., eldercare managers) are subject to horizontal accountability in the

wider accountability environment (e.g., by eldercare organizations and the media). According to Behn (2001), accountability includes accountability for finances (following explicit rules and keeping to budgets), fairness (paying due attention to ethical standards such as fairness), and performance (monitoring the outcome and consequences of public policy). Local accountability holders (e.g., care unit managers) can be held to account vertically by the state or horizontally by relatives or the local media for finances, fairness, or performance of eldercare. This article will concentrate on vertical accountability for compliance with national requirements (fairness) and for performance.

*Eldercare development* refers to the process and outcomes of efforts to improve eldercare organization, care quality, eldercare homes, and home care services for the elderly. This implies that a shift from one condition to another can be conceived as, and claimed to be, either a case of eldercare development or a change for the worse.

### *Key actors' responsibilities in eldercare*

As indicated, county councils, local governments, service providers, and professionals have a shared responsibility for implementing national statutes and eldercare policy. These institutions and actors also have a responsibility to develop local eldercare policies in line with national endeavors. They are held to account for compliance with national statutes and for achieving objectives; they are responsible for developing systematic quality work and for continuously improving eldercare by integrating knowledge from various kinds of evaluation, including SSV. Care recipients and relatives also have roles and responsibilities in eldercare governance, accountability, and care development. It is assumed that if they actively engage in planning their own care, claim their legal rights, vote in elections, and choose and change care homes or service providers this will improve eldercare at all levels. This article explores responses to and experience of SSV on the part of two key types of actors (shown in italics in Table 1): local governments and service providers (the latter represented by care unit managers).

## Methods

### *Sample*

The sample for this study comes from all of the six inspectorate regions in Sweden. To sample municipalities in Sweden, the six regional inspectorates were contacted by e-mail and one key inspector from each region was interviewed by telephone. To select municipalities, each inspector was asked to select five inspection cases that they considered particularly difficult,

**Table 1.** Responsibilities of Key Swedish Institutions and Actors in Eldercare Governance, Accountability, and Care Development.

| | Responsibilities | | |
|---|---|---|---|
| Institutions and actors | Governance | Accountability | Development |
| State | Governing Swedish eldercare by means of statutes, policies, and programs | Monitor compliance with national statutes and achievement of national objectives | Use knowledge and evaluations to develop national eldercare |
| County councils | Implement national statutes and policies; develop hospital, primary, psychiatric, and dental care policy | Accountable for compliance with national statutes and achievement of national objectives | Use national guidelines and evaluations (SSV) to develop hospital, primary, psychiatric, and dental care policy |
| *Local government: Politicians in the municipal social welfare committee* | *Implement national statutes and policies; develop municipal eldercare policy* | *Accountable for compliance with national statutes and achievement of national objectives* | *Use national guidelines and evaluations (SSV and local) to develop municipal eldercare* |
| *Service providers: Care unit managers, (a) public and (b) private* | *Implement national statutes and policy (a, b) and implement municipal (a) or company (b) policy* | *Accountable for compliance with national statutes and achievement of national and municipal (a) or company (b) objectives* | *Use national guidelines and evaluations (SSV and local) to develop systematic quality work in eldercare* |
| Various professionals: Care managers and care workers (e.g., auxiliary nurses, nurse assistants, and home helpers) | Implement national, municipal, and company policy and guidelines; interpret legislation | Accountable for compliance with professional ethics, national statutes, and achievement of national and municipal (a) or company (b) objectives | Use national guidelines, various evaluations, and professional knowledge and training to develop eldercare practice |
| Care recipients: users, clients, customers, etc. | Choose the best service provider; engage in eldercare planning | Hold service providers and professionals to account for care given, file formal complaints, vote in national and local elections | Engage in eldercare planning, claim users' legal rights, and change provider if needed |

*Note*. Key actors explored in this paper are set in italics.
SSV = state supervision.
Sources: Swedish legislation and national guidelines, e.g., Social Services Act, Health and Medical Services Act, Local Government Act, and Act on System of Choice in the Public Sector.

severe, and/or complex, as we thought that these cases would not pass unnoticed and therefore be easier to recall. Two of the six inspectors could only recall four cases each, which altogether resulted in 28 cases from 28 municipalities. The most extensive inspection documentation was about four inches thick and the least comprehensive contained only a few pages of documentation. The documents were anonymized to protect the identities of the involved elderly people.

Selecting municipalities from all regions ensured broad geographical coverage, a variety of supervisions of residential eldercare homes and home care services, and depth and breadth of documentation. We considered this breadth important because previous research finds significant variation in the provision of eldercare between municipalities

(cf. Meagher & Szebehely, 2013; Socialstyrelsen, 2005; Trydegård & Thorslund, 2010), which is probably also reflected in supervisions. The 28 batches of inspection documentation covered SSV-initiated inspections and individual complaints.

Next, municipalities were selected according to following criteria: (a) municipalities represented from all the six regions and (b) equal coverage of SSV-initiated inspections and individual complaints, which finally resulted in 15 municipalities. Thereafter, the chair of the social welfare committee ("chair") and one care unit manager ("manager") of each municipality were invited by e-mail to participate in the interview study; two declined to participate in the study and four did not reply. We decided to perform the interviews via telephone, since chairs and managers are very busy and interviews difficult to coordinate. Another reason was to not extend the interviews over time, in order to avoid a risk of inconsistency during data collection (Graneheim & Lundman, 2004). The interviews were performed during three months between April and June 2014. Altogether, 24 semi-structured interviews were conducted with 12 chairs and 12 managers from 15 different municipalities; all interviewees consented to being recorded. The interviews lasted about 30 to 50 minutes each. The interview guide concentrated on matters such as the interviewees' experiences of and reactions to SSV, views of eldercare and care quality, and eldercare practice routines. The interviews were transcribed verbatim to facilitate analysis. The interviews indicated that interviewees' awareness of inspection cases in their municipalities varied greatly: Some chairs knew, in detail, about the performed inspections, while others were unfamiliar. The managers displayed similar variation. The interviewees who could not recall the inspection case were most often new to their position.

## Analysis

We applied qualitative content analysis (Graneheim & Lundman, 2004). The two research questions guided the data collection and analysis. After thorough reading of the empirical material, two members of the research team conducted the primary analysis. The primary coding was undertaken searching for manifest content with support in our key concepts: *governance*, i.e., how the interviewed chairs and managers perceived the role and content of supervision and how the national and local goals were implemented; *accountability*, i.e., how interviewees responded to and complied with national and municipal objectives, such as demands for routines, follow-ups, and self-monitoring; and *development*, i.e., how interviewees responded to and acted on SSV demands to improve practice and quality assurance. The primary coding was discussed regarding

**Table 2.** The Three Categories and Subthemes.

| Subtheme | Governance | Accountability | Development of care practice |
|---|---|---|---|
| 1 | The role of SSV in governance | Documentation and routines | Reactive and proactive responses to SSV |
| 2 | Perception of SSV content | SSV vs. local follow-ups | SSV and local actors' own quality improvement |
| 3 | The effect of SSV on governance | | |

SSV = state supervision.

content units in the research group and resulted in 21 identified coding units more or less related to the three key concepts: 8 coding units relating to governance, 6 coding units relating to accountability, and 7 coding units relating to development of practice. The dialogue in our research group also enhanced credibility for our categorization of themes and findings (Graneheim & Lundman, 2004). Next the themes most closely related to the key concepts (and RQ2) were selected for closer examination, which resulted in seven themes (see Table 2), which are detailed in the findings section below. Chairs and managers were separated for analysis of the empirical material, but as the analysis revealed no major differences between them, findings from the two groups are reported together.

As a final analytical step, the authors linked the thematic findings to the prescribed roles and responsibilities of the two key actors, as depicted in Table 1, and what our findings showed in terms of what responsibilities they actually took.

## Findings

The chairs and managers generally made positive statements about SSV, although these were often rather superficially worded, for example, "Supervision is good because it helps us to improve practice." SSV is important, they said, because the government has a national responsibility for equal access to care for all elderly citizens who need it. Whether or not elderly people receive high-quality care should not depend on where they live in Sweden. Not everyone was convinced that there is equal access to care: "The government needs to look more into equal access to care and into the [relevant] legislation—do we really have equal care on equal terms? Maybe we do not have that" (manager 9). In addition, some interviewees emphasized that it should be a government responsibility to equalize care by giving more financial support to some municipalities.

## SSV and governance

Three subthemes emerged as central in relation to the contribution of SSV to governance and to implementing national and municipal policies: the role, content, and effects of SSV.

### The role of SSV in governance: Compliance and confirmation

Most interviewed chairs and managers made it clear that the role of SSV was to give guidance and support, wanting dialogue with SSV to learn how to improve practice. This was not always the case, however, as some found SSV to be very controlling and more concerned with whether and how municipalities were following legislation correctly. Nevertheless, most interviewees realized that SSV is crucial, as it ensures citizens' rights and articulates the central government's responsibilities and obligations: "We were helped by SSV, [to know] that we are doing the right things—it feels good to get confirmation and to clarify responsibility" (manager 13).

Interviewees highly valued "outside" and objective inspections that give a comprehensive overview of the level of eldercare in Sweden: "It is important to equalize differences in eldercare between municipalities, and the central government needs to give resources and support if needed" (chair 11). This was claimed to be extremely important now that there are so many private providers in eldercare, due to the Act on System of Choice in the Public Sector. By the beginning of 2015, more than half of Swedish municipalities (155 out of 290) had implemented the act.

### Perception of SSV content: Insufficient with wrong emphasis

In some cases, the interviewed chairs and managers were critical of SSV and stated that if the purpose of SSV is to improve care quality, then SSV as currently performed is inadequate: "We need to know *how* to follow the intentions of legislation" (manager 2). They accordingly requested dialogue with SSV to interpret the aims of the relevant legislation. Both chairs and managers stressed that they lacked knowledge of certain aspects of the care interaction between care workers and recipients, as SSV emphasizes the systems and routines, not the "soft" parts of care:

> It may seem to be a bit formal and the focus is on the systems, the documentation system, and not so much on what happens concretely in the interaction between the elderly and the care staff. I did not perceive attention being paid to the interaction itself, but more to whether the systems really worked (chair 14).

These kinds of arguments were often observed in the interviews and indicate the exclusion of the central aspect of eldercare, i.e., the interaction between users and staff. Supervisions were referred to as mainly comprising time-consuming "paperwork," in that they were administered between

NBHW and the municipality by mail. Furthermore, "the reports focus on the two percent of the practice that was not so good, never anything on the positive parts of practice" (chair 13). Even when SSV took place at residential eldercare homes or home care services, the emphasis was not on the values and experience of care: "That is the most difficult part to put into words. Maybe it is easier for them to go in and examine the things that you can evaluate as numbers. They can count the rooms and the washrooms, but you cannot put numbers on the experiences and feelings" (manager 4).

Other criticisms of SSV were that it took a long time to get feedback and that supervisors did not visit the care practices very often. When they did inspect a care practice on site, SSV might not target the right level, for example, picking someone from secondary staff who worked temporarily and lacked comprehensive knowledge of the routines of care work practice.

### *The effect of SSV on governance: Increased administration*

Altogether, the interviewed chairs and managers spend a lot of time on being auditable:

> There is a lot of administration for us to be available for inspection. And then again, it is not self-evident that this will lead to any findings, even though they might … every inspection takes place in a certain context at a certain time. We cannot be sure that supervision automatically equals quality (chair 2).

A common complaint was that too many measurements and quality systems were used in reporting, SSV being one of them, which were very time consuming and almost an end in itself. It was as though actual care provision had become subordinated to the control and documentation systems even in care work practice.

As a whole, the results indicate more similarities than differences between the local governments and service providers in relation to governance and how they regarded the implementation of national and local policies in the municipalities.

## *SSV and accountability*

Two subthemes emerged in relation to SSV's contribution to accountability: (a) accountability for documentation and routines and (b) SSV follow-ups versus bottom-up follow-ups.

### *Accountability for documentation and routines*

In several cases, the documents of the IVO appeared to be rather weak and formalistic. For example, in one residential care case a man's dentures were not found by the care workers, which eventually led to his death (the teeth were later found stuck in his throat). This serious incident—as any

outsider would consider it—led the IVO to demand that the residential care ward improve their routines and then to disclose the case. This case of neglect raises the question of whether accountability is an applicable concept in relation to eldercare. In one sense, one could say that everyone and no one has or takes responsibility. In the above case, SSV's net contribution to accountability was to diminish the seriousness of the case because no person was held responsible. In general, local governments and care units were held accountable for the quality and rigor of documentation and routines rather than for the performance and quality of eldercare.

Regarding where overall responsibility for eldercare was situated in their municipalities, many of the interviewed chairs and managers considered it to be directly or indirectly in themselves: "Of course it is me as a chair who has the overall responsibility for eldercare; it is not the care unit managers, as you might think" (chair 7). Even though the state government is accountable for overall eldercare nationally, it was necessary to emphasize the local responsibility for improving routines: "We have to look at the municipalities' and county councils' own responsibility; it cannot be just the [national] government's responsibility, because the state [i.e., SSV] just conducts random investigations" (chair 15). According to the managers, they have a responsibility to work continuously on quality assurance, implement routines in care practice, and ensure that all care workers are informed of the documentation and routines required in their practice.

Analysis revealed that, regardless of level or position, work routines had to be continuously improved and questioned. One thing working against these goals was the recurring phenomenon of care workers' continuing to follow their own routines due to lack of knowledge of documentation and how to secure elderly people. "It is very important to change, but it is a challenge to convince everyone, to get them to understand 'why'" (manager 11). According to some of the interviewed managers, the care workers kept on with their dodgy routines because they had always done so, even though these routines might be risky.

When SSV holds local actors and institutions accountable for deficient routines, should this be conceived as promoting accountability for finances or for fairness? Overall, it seems to reflect a bit of both, as routines involve using resources wisely and according to set rules and paying due attention to fairness and equity in providing the care.

### *SSV versus local follow-ups*

The analysis of accountability regarding the follow-up of the implementation of decided-on actions to alleviate deficiencies revealed that SSV certainly had an overall responsibility to ensure that the municipality had taken all measures needed. However, many of the follow-ups ended up being paperwork:

"We had correspondence long afterwards, so we wrote what our actions were, but we never had any other follow-ups apart from that" (manager 3). Furthermore, some of the interviewees found that the follow-ups could lead to excessive top-down supervision:

> The most important people around the elderly clients are care workers such as auxiliary nurses. There is a risk that we might stop listening to the experience-based knowledge that they have of the elderly. Somewhere in the middle is best. From not having any control to too much—as always, the pendulum swings from one side to the other (chair 15).

This quotation illustrates that even though some local politicians believed that there were too many follow-ups and control systems, the care quality that SSV and follow-ups are expected to ensure is best ensured by the care workers from within. Notably, most respondents referred to their own follow-ups and self-monitoring systems.

All interviewed chairs and managers said that they had their own supervision and control systems and those were regularly updated and evaluated. Some would conduct one major annual municipal monitoring, and others conducted monitoring several times a year or month, with an emphasis on finances and care practices: "The auditors monitor us, … but it is mainly from an economic perspective" (chair 12). The internal control system varied in scope and performance, some municipalities even conducting their own unannounced random supervisions of their eldercare practice: "We have our own management of complaints, and we have an investigator. We handle this very systematically, which is very important" (manager 2).

## *Development of care practice*

Two subthemes emerged as central to the SSV contribution to eldercare development: (a) reactive and proactive responses to SSV and (b) SSV and local actors' own quality improvement.

### *Reactive and proactive responses to SSV*

Most interviewed chairs and managers said that even though SSV plays an important role in promoting development, it is necessary to continuously strive to improve practice on one's own initiative: "State inspection teaches us that we could always become even better, we could always improve practice" (chair 7). It is also important to consider the complaints from individuals and relatives and the cases reported by staff. The interviewees referred to the Social Services Act as promoting improvement in that it forces them to reflect on what dignity means: "We have a strong set of values promoting dignity, values such as competence, commitment, compassion, and rule of law" (manager 5). Furthermore, the interviewees said that it was

important to understand what good care relationships entail, emphasizing the importance of working and improving the details of eldercare.

Other aspects of developing practice were concerned with finding effective management and implementing care plans: "We should keep up with all the requirements there are—that is how I want to see it anyway" (manager 6).

SSV promoted a way of thinking and acting to avoid finding faults in practice by making improvements and fulfilling all requirements. In addition, some said that the least they could do is to correct the deficiencies that SSV has identified and that these shortcomings had to be continuously improved on: "We address the shortcomings noted in the supervisions, and we also take another step, looking over the operations—how can we improve practice?" (chair 3). Accordingly, they advocated working both proactively in relation to SSV and reactively in responding to and correcting the specific shortcomings identified.

Although the chairs and managers were positive toward SSV in general, its contribution to improvement in eldercare should not be overstated.

### *SSV and local actors' own quality improvement*

Quality work is crucial in eldercare. One important and challenging aspect of such work is to create awareness among staff and managers and to work on quality issues at both the individual and organizational levels. One way of addressing quality improvement is to learn from SSV and to treat the complaints/notifications as quality assurance indicators. Some interviewees said that they also considered other fields of practice for comparative purposes. For example, they considered care for the disabled, in which various user participation methods were used to follow up on the quality of the care interaction to increase the user's sense of security and well-being. To improve care quality, according to some of the interviewees, it is crucial to take account of the social content of care and to educate staff on care values. However:

> The staff would rather chat with each other than work on the value of dignity. There are always those who love their work, and there is also always a group that should not be in eldercare, who thinks it was better in the 1960s, when they could do what they wanted (manager 4).

Specifically, the managers were concerned with the staff's caring attitude, seeing the staff as a potential strength but also as a potential weakness, as it was not always easy to reach everyone in the group. They were aware that it was not always easy for staff to involve elderly people in conversations about their care, even though the managers tried to take account of the clients' perspectives on care. The ethical perspective was considered central to care practice, and having a dialogue about how to work on respect and dignity with staff was vital. Even though problems were encountered in improving

these "soft" aspects of care, the managers believed that it was important to identify what had actually been achieved.

One chair (13) noted that achieving "high-quality care entails striking a balance between quality improvements and low cost." In relation to such statements, in cases in which SSV had requested increased staffing, specifically after inspecting nighttime care, most of the respondents were critical. Both managers and chairs found difficulties keeping to the budget, which were recurrently mentioned by emphasizing that resources play a crucial role in quality improvement.

> It is never enough to keep budgetary balance. Emotionally, eldercare is a high-priority field of practice according to all political parties, even though they do not know where the money should be moved from to [fund] eldercare (manager 14).

Quality improvement seems to be difficult when resources are scarce. Of interest, though, even when the interviewees believed that care staff were important in improving quality, they did not relate this to staffing levels. This demonstrates that it is critical to regulate quality in this sector: When management ignores staffing levels, the care workers risk shouldering the accountability burden in the face of understaffing (Choiniere et al., 2016). The chairs and managers rated their own quality improvement measures as more important and as contributing more to practice development than does SSV. However, they simultaneously claimed that SSV encouraged them to have adequate routines and to comply with legislative demands. Many of them stated that before SSV was implemented in its current form, they were very sloppy regarding the required documentation but that they have had to improve documentation and care-related routines.

### *Prescribed versus actual responsibilities*

In Table 1, we identified the prescribed responsibilities of local governments and service providers in relation to SSV. At a superficial level, all respondents in the study perceived SSV positively. They mentioned the importance of ensuring equal levels of care between municipalities and service providers and of having outside perspectives on the care provided. At a deeper level, this study reveals tensions between the prescribed responsibilities and how chairs and managers experience and respond to the details of SSV.

First, the prescribed responsibilities of local governments (chairs) and service providers (managers) in eldercare *governance* include implementing national statutes and policy. Managers are also responsible for implementing municipal policy (and company policy if they work in the private sector). However, they found that the SSV emphasis on control and compliance with national statutes and policies was too limited and they

asked for more dialogue and support to improve practice. They also indicated disappointment with the SSV emphasis on flaws in eldercare practice and on system dysfunctions and routines and lack of attention to the content of eldercare. Furthermore, chairs and managers adapted to SSV routines, but not without resistance: They felt forced to allocate scarce time and administrative resources to improving or strengthening supervision routines, resources that could instead have been used to improve care quality. The main contribution of SSV to eldercare governance was to reinforce the role of local actors as implementers of national eldercare policy.

Second, the role of the local government (chair) in Swedish eldercare includes responsibility for *accountability* for compliance with national statutes and achievement of national objectives. Service providers (managers) are expected to be accountable for this and for achieving municipal objectives or, in the case of nonpublic care providers, company objectives. SSV is expected to reinforce these institutions'/actors' compliance with national requirements (i.e., accountability for fairness and performance), but in terms of Behn's (2001) typology of accountability, the interviewees were usually occupied with accountability for finance (keeping to the budget) and systemic performance. As with the governance aspect, the accountability aspect concerned the SSV focus on routines. It is possible to see the respondents' references to the need for local follow-up systems and local audits as indicating a quest for accountability and a need to compensate for the lack of SSV attention to the content and quality of care.

Third, the service providers (managers) are prescribed responsibility for *eldercare development*, and they are to use national guidelines and SSV evaluations in developing systematic quality work. In response to this responsibility, these institutions/actors usually appeared to be occupied with accountability for finances (keeping to the budget) and systemic performance. In addition, as in the accountability aspect, the development of local follow-up systems can be seen as an attempt to improve the quality of eldercare via local initiatives in a way that SSV does not. The scope of SSV is limited to improving routines and complying with legislation, while the local definitions of quality are broader than that. The contribution of SSV to eldercare development was recognized in terms of increased documentation, improved routines, and the identification of specific deficiencies revealed in inspections.

## Discussion

The findings indicate that SSV of eldercare is perceived positively at a superficial level by all respondents, but they were also critical of how SSV

is carried out in practice. SSV is said to play a role in achieving equal standards of care in Sweden's 290 municipalities and in discharging the national responsibility for monitoring equal access to eldercare. SSV also helps identify areas for improvement by providing an outsider's perspective, and it gives feedback that indicates whether the eldercare produced is appropriate in terms of its content and implementation. To implement SSV's demands and ensure quality in eldercare, interviewees stated that adequate financial resources are imperative.

However, our analysis reveals that a general tension and potential conflict was identified between national and municipal eldercare governance partly due to lack of resources and partly due to lack of guidance from the central government and SSV's focus on control of routines and compliance with legislation. This confined local self-government and municipal governance and increased municipalities' responsibility for provided care. In some respects, SSV appeared inadequate, time-consuming, and even lacking conceptions of the most important aspects of eldercare, i.e., the care relationship and what constitutes good care. Care work has become subordinated to the SSV control systems intended to improve care quality; it has also become subordinated to other influential mechanisms, such as the effects of budgetary restrictions.

A complex image emerges when the interviewees were asked in more detail about their experiences and views of SSV. The positive attitude toward SSV at a superficial level is modified and the interviewees become more critical when they speak more specifically about the roles, content, and effects of SSV in terms of governance, accountability, and care development. The results support international research recognizing limitations of SSV as a way to improve quality in eldercare (Beddoe, 2012; Choiniere et al., 2016; Cooper, 2006) and research identifying negative consequences of inspection and evaluation (Braithwaite et al., 2007; Hood, 2012; Power, 2003). It contributes to an enhanced understanding of how eldercare quality is developed continuously by local actors and how SSV affects eldercare practice. It illuminates the role and responsibilities of local eldercare in a given governance structure and demonstrates how local actors are restricted by and respond to state inspection.

The responses to SSV of the chairs and managers indicate the presence of regulatory ritualism (Braithwaite et al., 2007). In this context, ritualism is what Braithwaite et al. (2007) identify as "acceptance of institutionalized means for securing regulatory goals while losing all focus on achieving the goals or outcomes themselves" (p. vii). As seen in our material, there is no "blind" acceptance of institutionalized means for securing regulatory goals. Indeed, the responses reported here convey patterns similar to those Braithwaite et al. define as "motivational postures," a concept that captures various responses to regulatory ritualism. Motivational postures are, in

their view, commitment, capitulation, resistance, disengagement, and game playing (Braithwaite et al., 2007, p. 291). More or less, all of the properties linked with motivational postures can be identified in our material: *Commitment*—willingly embracing the mission of the regulator—is reflected in the positive statements about SSV at the superficial level, which reflect a willingness to embrace the mission of SSV because it, for example, serves the good purpose of equalizing care standards. *Capitulation* is a less dominant response pattern in our material, even though we can recognize the strategy of developing documentation and routines that are not initially believed to improve care quality but are complied with to avoid future criticism. There is *resistance* in terms of questioning the system and routine focus of SSV and criticizing SSV's neglect of "softer" emotional care content. *Disengagement*, according to Braithwaite et al. (2007, p. 291), is exemplified by managers who ignore attempts to steer and regulate, for example, due to depression and alcoholism. This kind of disengagement is not obvious in our material, but we did encounter cases in which managers referred to staff who disengage and do not maintain quality ("there is always a group that should not be in eldercare"). Disengagement can also result from experiencing SSV as something that increases the administrative burden and from disappointment that it takes too long to get feedback after an inspection.

*Game playing*, a practice for escaping regulatory constraints by redefining rules or moving goalposts (Braithwaite et al., 2007, p. 291), has several facets. The local politicians and the managers see SSV and their own follow-up systems as complementary, with SSV seen as overemphasizing flaws and routines, while the local systems are better adapted to contributing information about the quality of the care content. The chairs and managers have to live with SSV but react by also building and implementing their own monitoring systems. Game playing is indicated by adopting a positive attitude to SSV in principle and complying with SSV demands when inspected but considering SSV of little use in one's own quality work.

The framework applied in this article, which accounts for key actors' roles and responsibilities in a given governance structure, is based on research on inspection, evaluation systems, and quality in eldercare. It could be adjusted to other countries' governance structure and then used in exploring how national evaluation systems are intended to operate and actually operate in different national contexts.

## Limitations

This study has limitations. Although the findings have implications that may be relevant in all Swedish municipalities, the empirical material is rather

small, representing by 15 out of 290 municipalities. Further, this study limits to research two key actors within eldercare, the political chairs and local care unit managers, but other groups, like care managers and care workers could also have been of interest to be heard, but were beyond the scope for the research project. However, the qualitative approach allowed us to deepen the findings. By analyzing the responses of local politicians and eldercare unit managers in relation to the theoretical frame and key concepts—governance, accountability, and care development—general patterns have emerged and could be of wider interest for future research.

## Conclusions

Local politicians and service managers conceived and responded positively to SSV at the same time as they experienced major weaknesses in the SSV system. Mainly, SSV contributed to strengthening the state's accountability function, that is, to reinforce local governments' and actors' compliance with statues (accountability for finances and fairness).

The findings of this study could be of international relevance, as they reveal limitations of the function of SSV in relation to its overall aim of ensuring equal distribution and good quality in eldercare inherent in the various pieces of legislation in the eldercare area. SSV appears insufficient to address some of the fundamental quality issues linked with eldercare. The limited role, the narrow supervision focus, and the vague inspection report statements characteristic of governance by SSV are also mirrored in SSV's contribution to accountability. SSV's main emphasis is accountability for fairness, while accountability for performance is reduced to a striving to equalize care between different municipal settings and between public and private care providers (cf. Behn, 2001).

The impression given in the interviews of local politicians and service managers is that SSV is regarded positively at a superficial level; at a deeper level, however, SSV evokes traits of regulatory ritualism encountered in various motivational postures (Braithwaite et al., 2007). These reactions to SSV are partly as expected, but as SSV is perceived as limited and lacking the right focus, local complementary systems for care development and control—not least financial/budgetary control—have been institutionalized and used. In all, what can be regarded as the most important dimension of eldercare quality—the care workers' ability to foster genuine relationships with the service users—is perceived as neglected by SSV by two local key actors in Swedish eldercare. SSV has contributed to organizational development in terms of increased documentation and routines, but the interviewed local actors did not conceive this as helping improve eldercare quality.

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## References

Beddoe, L. (2010). Surveillance or reflection: Professional supervision in 'the risk society.' *British Journal of Social Work*, *40*, 1279–1296. doi:10.1093/bjsw/bcq018

Beddoe, L. (2012). External supervision in social work: Power, space, risk, and the search for safety. *Australian Social Work*, *65*, 197–213. doi:10.1080/0312407X.2011.591187

Behn, R. (2001). *Rethinking democratic accountability*. Washington, DC: Brookings Institution Press.

Bengtsson, T. (Ed.). (2010). *Population ageing: A threat to the welfare state? the case of Sweden*. Heidelberg, Germany: Springer-Verlag.

Blomgren, M., & Waks, C. (2011). Öppna jämförelser inom hälso-och sjukvården: En utmaning mot den nya professionella byråkratin? *Arbetsmarknad & Arbetsliv*, *17*(4), 95–108.

Bouckaert, G., & Halligan, J. (2006). Performance and performance management. In G. Peters & J. Pierre (Eds.), *Handbook of public policy* (pp. 443–462). London, UK: Sage.

Bradley, G., & Höjer, S. (2009). Supervision reviewed: Reflections on two different social work models in England and Sweden. *European Journal of Social Work*, *12*, 71–85. doi:10.1080/13691450802220990

Braithwaite, J., Makkai, T., & Braithwaite, V. (2007). *Regulating aged care: Ritualism and the new pyramid*. Cheltenham, UK: Edward Elgar.

Choiniere, J. A., Doupe, M., Goldmann, M., Harrington, C., Jacobsen, F., Lloyd, L., … Szebehely, M. (2016). Mapping nursing home inspections & audits in six countries. *Ageing International*, *41*, 40–61. doi:10.1007/s12126-015-9230-6

Cooper, L. (2006). Clinical supervision: Private arrangement or managed process? *Social Work Review*, *18*(3), 21–30.

Ek, E. (2012). *De granskade: Om hur offentliga verksamheter görs granskningsbara. Göteborg: Förvaltningshögskolan*. Göteborg, Sweden: Göteborgs universitet.

Fish, D., & Twinn, S. (1997). *Quality clinical supervision in the health care profession: Principled approaches to practice*. Oxford, UK: Butterworth-Heinemann.

Furness, S. (2009). A hindrance or a help? The contribution of inspection to the quality of care in homes for older people. *British Journal of Social Work*, *39*, 488–505. doi:10.1093/bjsw/bcm146

Graneheim, U., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, *24* (2), 105–112. doi:10.1016/j.nedt.2003.10.001

Green, D. (2007). Risk and social work practice. *Australian Social Work*, *60*, 395–409. doi:10.1080/03124070701671131

Hämberg, E. (2013). Supervision as control system: The design of supervision as a regulatory instrument in the social services sector in Sweden. *Scandinavian Journal of Public Administration*, *17*(3), 45–64.

Hanberger, A., Khakee, A., Nygren, L., & Segerholm, C. (2005). *De kommungranskande aktörernas betydelse. Slutrapport från ett forskningsprojekt*. Umeå, Sweden: Centre for Evaluation Research, Umeå University.

Hanberger, A. (2009). Democratic accountability in decentralizedgovernance *Scandinavian Political Studies*, 32(1): 1–22.

Hood, C. (2012). Public management by numbers as a performance-enhancing drug: Two hypotheses. *PublicAdministration Review*, *72*(1), 85–92.

Hood, C., Oliver, J., Scott, C., & Travers, T. (1999). *Regulation inside government: Waste-watchers, quality police, and sleazebusters*. Oxford, UK: Oxford University Press.

Johansson, S. (2010). Implementing evidence-based practices and programmes in the human services: Lessons from research in public administration. *European Journal of Social Work*, *13*(1), 109–125. doi:10.1080/13691450903135691

Johansson, S. (2011). Utvärdering av äldreomsorg: Exemplet Öppna jämförelser. In B. Blom, S. Morén, & L. Nygren (Eds.), *Utvärdering i socialt arbete* (pp. 218–233). Stockholm, Sweden: Natur & Kultur.

Johansson, V. (2006). *Tillsyn och effektivitet: Statliga inspektörers yrkesroller och strategival*. Umeå, Sweden: Boréa.

Klijn, E.-H. (2008). Governance and governance networks in Europe: An assessment of 10 years of research on the theme. *Public Management Review*, *10*, 505–525. doi:10.1080/14719030802263954

Lindgren, L. (2012). *Öppna jämförelser: Ett styrmedel i tiden eller 'hur kunde det bli så här?'* Göteborg, Sweden: FoU i Väst, Göteborgsregionens kommunalförbund.

Lindgren, L. (2016). Kvalitetsmätningars användning och effekter inom svensk äldreomsorg. *Nordiske Organisasjonsstudier*, *18*(1), 31–55.

May, P., & Wood, P. (2003). At the regulatory front lines: Inspectors' enforcement styles and regulatory compliance. *Journal of Public Administration Research and Theory*, *13*, 117–139. doi:10.1093/jopart/mug014

Meagher, G., & Szebehely, M. (Eds.). (2013). *Marketisation in Nordic eldercare: A research report on legislation, oversight, extent and consequences*. Stockholm, Sweden: Department of Social Work, Stockholm University.

Mulgan, R. (2000). 'Accountability': An ever-expanding concept? *Public Administration*, *78*, 555–573. doi:10.1111/padm.2000.78.issue-3

Nygren, L., & Hanberger, A. (2011). Socialt arbete i granskningssamhéllet. In B. Blom, S. Morän, & L. Nygren (Eds.), *Utvärdering i socialt arbete* (pp. 300–314). Stockholm, Sweden: Natur & Kultur.

O'Donoghue, K., & Tsui, M. (2015). Social work supervision research (1970–2010): The way we were and the way ahead. *British Journal of Social Work*, *45*, 616–633. doi:10.1093/bjsw/bct115

Power, M. (1997). *The audit society: Rituals of verification*. Oxford, UK: Oxford University Press.

Power, M. (2003). Evaluating the audit explosion. *Law & Policy*, *25*, 185–202. doi:10.1111/j.1467-9930.2003.00147.x

Socialstyrelsen. (2005). *Likhet inför äldreomsorgen? Kommunala variationer och de anhöriga*. Stockholm, Sweden: Socialstyrelsen.

Socialstyrelsen. (2011). *Nationell tillsyn av vård och omsorg om äldre: Delrapport*. Stockholm, Sweden: Socialstyrelsen.

Socialstyrelsen. (2012). *Nationell tillsyn av vård och omsorg om äldre: Delrapport II*. Stockholm, Sweden: Socialstyrelsen.

SOU. (2004). *100. Tillsyn: Förslag om en tydligare och effektivare offentlig tillsyn: Slutbetänkande/Tillsynsutredningen*. Stockholm, Sweden: Fritzes.

SOU. (2007). *82. Samordnad och tydlig tillsyn av socialtjänsten: Slutbetänkande av utredningen om tillsynen inom socialtjänsten*. Stockholm, Sweden: Fritzes.

Stolt, R., Blomqvist, P., & Winblad, U. (2011). Privatization of social services: Quality differences in Swedish eldercare. *Social Science and Medicine*, *72*, 560–567. doi:10.1016/j.socscimed.2010.11.012

Szebehely, M. (2011). Insatser för äldre och funktionshindrade i privat regi. In L. Hartman (Ed.), *Konkurrensens konsekvenser: Vad händer med svensk välfärd?* (pp. 215–257). Stockholm, Sweden: SNS.

Szebehely, M., & Trydegård, G.-B. (2012). Home care for older people in Sweden: A universal model in transition. *Health & Social Care in the Community*, *20*, 300–309. doi:10.1111/j.1365-2524.2011.01046.x

Trydegård, G.-B., & Thorslund, M. (2010). One uniform welfare state or a multitude of welfare municipalities? The evolution of local variation in Swedish eldercare. *Social Policy & Administration*, *44*, 495–511. doi:10.1111/j.1467-9515.2010.00725.x